## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550, 782

APPLICANT(S)

FILING DATE

**CLAIMS** 

|                                       |   | AS FILED   |      | AFTER 1 * AMENDMENT |              | AFTER 2 MAMENDMENT |  |  |  |
|---------------------------------------|---|--|------|---------------------|--------------|--------------------|--|--|--|
|                                       | IND.  | DEP.   | IND. | DEP.                | IND.         | DEP.               |  |  |  |
| 1                                     | 1-1-  | ·  |      |                     |              | <u> </u>           |  |  |  |
| 3                                     | -   |  |      |                     |              |                    |  |  |  |
| 4                                     | <del> </del>                                      | <del>                                     </del> |      |                     |              | <u> </u>           |  |  |  |
| 5                                     | <del> </del>                                      | 1  |      |                     |              | <del></del>        |  |  |  |
| 6                                     | <del> </del>                                      | 1  |      |                     |              |                    |  |  |  |
| 7                                     | 1   |  |      |                     |              |                    |  |  |  |
| 8                                     |   |  |      |                     |              |                    |  |  |  |
| 9                                     | 1   |  |      |                     |              |                    |  |  |  |
| 10                                    | <u> </u>  | 1  |      |                     |              |                    |  |  |  |
| 11                                    |   | 1  |      |                     |              |                    |  |  |  |
| 12<br>13                              | <b>—</b>  | 1  |      |                     |              |                    |  |  |  |
| 14                                    | <del>  '                                   </del> |  |      |                     |              |                    |  |  |  |
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| 16                                    |   | 1  |      |                     |              |                    |  |  |  |
| 17                                    |   | 1  |      |                     |              |                    |  |  |  |
| 18                                    |   | $I_{}$   |      |                     |              |                    |  |  |  |
| 19                                    | 1   |  |      |                     |              |                    |  |  |  |
| 20                                    |   |  |      |                     |              |                    |  |  |  |
| 21                                    |   | ,  |      |                     |              |                    |  |  |  |
| 22                                    |   |  |      |                     |              |                    |  |  |  |
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| 24<br>25                              |   | +,-  |      | f                   |              |                    |  |  |  |
| 26                                    | i   |  |      | ·                   |              |                    |  |  |  |
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| 33<br>34                              | -   |  | -    |                     |              |                    |  |  |  |
| 35                                    |   |  | _    |                     |              |                    |  |  |  |
| 36                                    |   |  |      |                     |              |                    |  |  |  |
| 37                                    |   |  |      |                     |              |                    |  |  |  |
| 38                                    |   |  |      |                     |              |                    |  |  |  |
| 39                                    |   |  |      |                     |              |                    |  |  |  |
| 40                                    |   |  |      |                     |              |                    |  |  |  |
| 41                                    |   |  |      |                     |              |                    |  |  |  |
| 42                                    | <b>  </b>   |  |      |                     |              | <del></del> {      |  |  |  |
| 43                                    |   |  |      |                     |              |                    |  |  |  |
| 45                                    |   | <del></del> }                                    |      | <del></del>         | <del> </del> |                    |  |  |  |
| 46                                    |   |  | +    |                     | -+           |                    |  |  |  |
| 47                                    |   | <del></del> †                                    |      |                     |              |                    |  |  |  |
| 48                                    | ·   |  |      |                     |              |                    |  |  |  |
| 49                                    |   |  |      |                     |              |                    |  |  |  |
| 50                                    |   |  |      |                     |              |                    |  |  |  |
| TOTAL IND.                            | 13  | +  |      | 1                   |              | ₽                  |  |  |  |
| TOTAL DEP.                            | 15  | <del>-</del>                                     |      | <del>-</del>        |              | <b>←</b>           |  |  |  |
| TOTAL<br>CLAIMS                       | 28  |  |      |                     |              |                    |  |  |  |
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PTO - 1360 (REV. 11/04)

| MS              |               |            |                   |      |                      |  |
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|                 | AS FILED      |            | AFTER 1"AMENDMENT |      | AFTER 2 ** AMENDMENT |  |
|                 | IND.          | DEP.       | IND.              | DEP. | IND.                 | DEP.   |
| 51              |               |            |                   |      |                      |  |
| 52              | ļ             |            |                   |      |                      |  |
| 53              | <b></b>       |            |                   |      |                      |  |
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| 75              |               |            |                   |      |                      | <del> </del>                                     |
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| 77              |               |            |                   |      |                      | <del>                                     </del> |
| 78              |               |            |                   |      |                      | <del>                                     </del> |
| _ 79            |               |            |                   |      |                      |  |
| 80              |               |            |                   |      |                      |  |
| 81              |               |            |                   |      |                      |  |
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| 83              |               |            |                   |      |                      |  |
| 84              |               |            |                   |      |                      |  |
| 85              |               |            |                   |      |                      |  |
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| 94<br>95        |               |            |                   |      |                      |  |
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| 97<br>98        |               |            |                   |      |                      |  |
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| 100             |               |            | <del></del>       |      |                      |  |
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| TOTAL IND.      |               | <b>*</b>   |                   | , ▼  |                      | ♣  |
| TOTAL DEP.      | 12            | <b>(*)</b> | 2                 |      |                      | <b>(</b>   |
| TOTAL<br>CLAIMS | 1             | S. DEPARTA | AENT : COO        |      | ĺ                    |  |

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